

**SAFETY ASSESSMENT DOCUMENT**  
**ACCELERATOR READINESS REVIEW**  
**DOCUMENTATION FORM**

This form records the PSAD/SAD review process required for operations at Fermi National Accelerator Laboratory.

**PSAD/SAD TITLE AND DATE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS DOCUMENT DESCRIBES:**

New Facility	_____	New Experiment	_____
Existing Facility	_____	Major Modification	_____
Entire Program	_____	Decommissioning	_____

**FERMI NATIONAL ACCELERATOR LABORATORY**

Safety **Assessment** Document Approval \_\_\_\_\_ Authorization to Operate Facility \_\_\_\_\_

Project Leader/Date: \_\_\_\_\_

Fermilab Division/Section Head(s)/Date: \_\_\_\_\_

Fermilab Senior Laboratory Safety Officer/Date: \_\_\_\_\_

Fermilab Associate Director for Operations Support/Date: \_\_\_\_\_

(if appropriate)

Fermilab Director/Date: \_\_\_\_\_

(if appropriate)